

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to CITIZENS ACTING TOGETHER CAN HELP INC
LEGAL ENTITY

To operate ANNA'S HOUSE
NAME OF FACILITY OR AGENCY

Located at 1208-1212 SOUTH 15TH STREET, PHILADELPHIA, PA 19146
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE _____

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE _____

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE _____

To provide Personal Care Homes
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 16
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.
(MAXIMUM CAPACITY)

Restrictions: _____

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from June 23, 2014 until December 23, 2014,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 140301

Robert E. Robinson
ISSUING OFFICER

[Signature]
ACTING DIRECTOR

NOTE: This certificate is issued for the above site(s) only and is not transferable
and should be posted in a conspicuous place in the facility.



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

JUN 20 2014

Mr. Raymond A. Pescatore, CEO
Citizen Acting Together Can Help, Inc.
1409 Lombard Street
Philadelphia, Pennsylvania 19146

RE: Anna's House
1208-1212 South 15th Street
Philadelphia, Pennsylvania 19146
License #: 140301

Dear Mr. Pescatore:

As a result of the Department of Public Welfare's licensing inspection on April 30, 2014 and June 17, 2014, of the above facility, we have found that your facility is in substantial compliance with the regulations, set forth in 55 Pa.Code Ch. 2600 (related to Personal Care Homes), that can be adequately assessed at this time. The licensing inspector was unable to complete a full inspection because the home is new and not yet serving four or more residents.

In accordance with 55 Pa.Code § 2600.11(b) (relating to procedural requirements for licensure or approval of personal care homes) a re-inspection of your newly licensed facility will be conducted within 3 months of the effective date of this license. Complete compliance with all applicable regulations is required in order to maintain your license.

During the inspection, violations on the enclosed Licensing Inspection Summary were found. All violations specified on the Licensing Inspection Summary must be corrected by the dates specified on the Licensing Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Your PROVISIONAL license is enclosed, based on substantial but not complete complete compliance with 55 Pa.Code Ch. 2600.

Sincerely,

Matthew J. Jones
Director

Enclosures
License
Licensing Inspection Summary

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

PCH Name: Anna's House		License Number: 14030
Address: 1208-1212 South 15th Street, Philadelphia, PA 19146		County: Philadelphia
Administrator: Kathy Graham		Region: SOUTHEAST
Legal Entity Name: Citizens Acting Together Can Help, Inc.		
Legal Entity Address: 1409 Lombard Street, Philadelphia, PA 19146		
Certificate(s) of Occupancy R-4 02/28/2006 City of Philadelphia L&I		
Staffing Hours		
Resident Support:	Total Daily Staff: 15	Waking Staff: 11
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
New		
On-Site Inspections Dates and Department Representatives On-Site		
04/30/2014; McHale, Christine; Braswell, Natasha		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: Number of Residents Served: 15 Secured Dementia Care Unit In Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 0	Number of Residents who: Receive Supplemental Security Income: Are 60 Years of Age or Older: Have Mental Illness: Have an Intellectual Disability: Have a Mobility Need: Have a Physical Disability:	

Violation Report: 14030 - 04/30/2014 - McHale, Christine
 PCH Name: Anna's House

1. REGULATION 56 Pa.Code §2600
 2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION
 The alarmed door on the second floor is very difficult to open. A resident would have to put their full body weight against the door to open it. While opening, the bottom of the door scrapes on the ground.

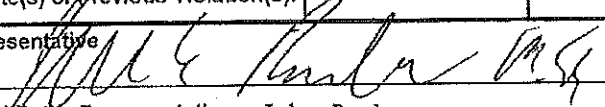
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The Alarm door on the second Floor is being repaired. The time frame for completing the repair, adjustment and testing is June 16, 2015

The administrator or designee will conduct monthly physical site checks to ensure that the door is able to be open in an emergency or during fire drill evacuation procedures, starting within 30 days of receipt of this plan of correction.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page)



Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	John Bumbaca Mental Health Director	Date June 5, 2014
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>6/11/14</u> (Date)	Plan of correction implementation status as of <u>6/27/14</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 14030 - 04/30/2014 - McHale, Christine
 PCH Name: Anna's House

1. REGULATION 55 Pa.Code §2600
 2600.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.

2a. DESCRIPTION OF VIOLATION
 On 4/30/14, at approximately 11:15 am, the water temperature at the sink in the first floor resident bathroom measured 131.3 degrees Fahrenheit.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

~~A Certified plumber has made the necessary adjustments to the Hot Water System at Anna's House to insure that the Hot Water Temperature does not exceed 120°~~

The staff of Anna's House will check the water temperature in all bathrooms on a weekly basis to insure that the temperature does not rise above 120°.

Repeat Violation: No	Date(s) of Previous Violation(s):
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Signature of Legal Entity Representative
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Printed Name and Title of Legal Entity Representative John Bumbaca
 (Required on EVERY Page) Mental Health Director Date June 5, 2014

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 (Date)

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 (Initials)

Plan of correction implementation status as of 6/11/14
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 14030 - 04/30/2014 - McHale, Christine
 PCH Name: Anna's House

1. REGULATION 55 Pa.Code §2600
 2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

2a. DESCRIPTION OF VIOLATION
 The emergency service numbers posted near the phone in the resident lounge area do not include the number to the local emergency management agency and the personal care home complaint hotline.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The Emergency Services numbers posted near the phone in the resident lounge area has been updated to include: the number to the local emergency management agency and the personal care home complaint hotline.

These emergency service numbers are already posted.

The Boarding Home Administrator will check these postings once a month to make sure that they are updated and in place.

Repeat Violation: No	Date(s) of Previous Violation(s):
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Signature of Legal Entity Representative
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	John Bumbaca Mental Health Director	Date June 5, 2014
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Violation Report: 14030 - 04/30/2014 - McHale, Christine
 PCH Name: Anna's House

1. REGULATION 55 Pa.Code §2600
 2600.101(j)(1) - Each resident shall have the following in the bedroom: A bed with a solid foundation and fire retardant mattress that is in good repair, clean and supports the resident.

2a. DESCRIPTION OF VIOLATION
 The mattresses in resident rooms #3-11 and #3-04/3-05 were covered in the manufacturer's plastic. The plastic is not fire retardant.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The manufacturers plastic that covered the mattresses in residents' rooms 3-17, 3-04 and 3-05 has been removed.

Going forward, all new mattresses purchased for any bedroom in Anna's House will be inspected by the Boarding Home Administrator before being installed in the resident's bedroom.

The administrator or designee will conduct monthly checks of random beds to ensure that the mattresses remain fire retardant and do not contain the manufacturer's plastic covering, starting within 30 days of receipt of this plan of correction.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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- Fully Implemented
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Violation Report: 14030 - 04/30/2014 - McHale, Christine
 PCH Name: Anna's House

1. REGULATION 55 Pa.Code §2600
 2600.102(d)(1) - Toilet and bath areas must have grab bars, hand rails or assist bars.

2a. DESCRIPTION OF VIOLATION
 There is no grab bar, hand rail or assist bar at the toilet in bathroom 2-02 and bathroom 2-10.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Grab Bars have been installed at the toilet in bathroom 2-02 and bathroom 2-10.

The administrator or designee will conduct monthly physical site checks to ensure that the bathrooms have grab bars or hand rails, starting within 30 days of receipt of this plan of correction.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	John Bumbaca Mental Health Director	Date June 4, 2014
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The above plan of correction was approved by <u>(a)</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 14030 - 04/30/2014 - McHale, Christine
PCH Name: Anna's House

1. REGULATION 55 Pa.Code §2600
2600.102(d)(2) - Bathtubs and showers must have slip-resistant surfaces.

2a. DESCRIPTION OF VIOLATION

- The bathtubs in both bathrooms on the second floor do not have a slip-resistant surface.
- The bathtubs in both bathrooms on the third floor do not have a slip-resistant surface.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Bathtubs in both bathrooms on the second and third floors have been equipped with slip resistant bath mats.

Assigned staff will inspect bathrooms on a weekly basis to insure that bath mats are in proper condition.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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- Fully Implemented
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Violation Report: 14030 - 04/30/2014 - McHale, Christine
 PCH Name: Anna's House

1. REGULATION 55 Pa.Code §2600
 2600.107(d) - The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

2a. DESCRIPTION OF VIOLATION
 The home's written emergency procedures have not been submitted to the municipal emergency management agency.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Anna's House written Emergency procedures have been submitted to the Office of The Managing Director, Office of Emergency Management on June 3, 2014. Please see attached copy of the emergency procedures along with U.S. postal certified mail receipt.

The administrator or designee will review the Emergency Plan on an annual basis and report any changes to the plan to the county Emergency Management Agency, starting in June, 2015.

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 (Initials)

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Violation Report: 14030 - 04/30/2014 - McHale, Christine
 PCH Name: Anna's House

1. REGULATION 55 Pa.Code §2600

2600.124 - The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

2a. DESCRIPTION OF VIOLATION

The home has not notified the local fire department in writing of the address of the home, the location of resident bedrooms or the assistance needed in an evacuation.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

On Tuesday, June 4, 2014 a formal notification was sent to Captain Robert Green of the Philadelphia Fire Department located at 12th and Reed Streets. This notification included the address and telephone number of the Home and a copy of the Floor plans which identified each bedroom.

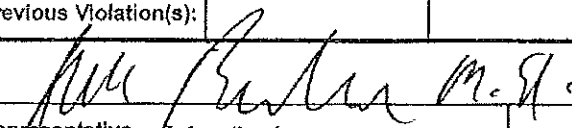
In addition, we also sent a copy of Anna's House Emergency Preparedness and Disaster Plan along with all necessary emergency contact numbers.

Captain Green was informed that Anna's House has a capacity of 16 residents and currently has 15 residents all of whom are ambulatory and do not require assistance evacuating the building .

The Boarding Home Administrator will notify Captain Green of when there is a change in the number of residents currently residing at Anna's House along with their mobility status.

Repeat Violation: No	Date(s) of Previous Violation(s):	
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Plan of correction implementation status as of 6/11/14
 (Date)

The above plan of correction was approved by 
 (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented